

# Volunteer Application Homebound Service Imagine!F Kalispell



Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Email: \_\_\_\_\_

Birthday (month and day): \_\_\_\_\_ / \_\_\_\_\_

MT Driver's License Number: \_\_\_\_\_

Complete and return to:  
Homebound Service  
Friends of the Library  
PO Box 3403  
Kalispell, MT 59903

## Emergency Contact

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)  
\_\_\_\_\_ (work)

## Preferred Geographic Location

\_\_\_\_ Within 1 mile of library    \_\_\_\_ Within 3 miles of library    \_\_\_\_ Within 5 miles of library    \_\_\_\_ No preference

Personal References (Please list two references that you have known for a minimum of one year. Do not use family members as references.)

Name	Relationship	Address	Telephone

## Certification

I certify that the answers contained in this application are true and complete to the best of my knowledge. My volunteer service is conditional upon completion of the application, verification of references and criminal history check. I am offering my services as a volunteer, and I agree to deliver all materials that the patron requests. If my offer is accepted, I will not be entitled to compensation for any service I provide.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Received \_\_\_\_\_

References Contacted    Y / N

Training Complete        Y / N

Volunteer ID# \_\_\_\_\_

Start Date \_\_\_\_\_

Initial Delivery Assignment

\_\_\_\_\_

\_\_\_\_\_